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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/438,322 01/07/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

FRANCE 0215577 12/10/2002

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 03/09/2004**

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR  COUNTRY FRANCE	SHEETS  DRAWING 2	TOTAL  CLAIMS 33	INDEPENDENT  CLAIMS 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged  Examiner's Signature <i>[Signature]</i> Initials				

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**TITLE**

Applicator, and a packaging and applicator device including such an applicator

FILING FEE  RECEIVED 1134	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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